

| | | | | | | | | | | |
|---|--|-----------------------------|----------------------------|----------------|-----------------------------------|---|-----------------------------|---------------------------------|----------------|---------------|
| 1 Local Agency/Applicant Identification: <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | KDHE Use: <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | | | | | | | | | |
| <i>Fiscal contact phone number:</i> <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> | | | | | | | | | | |
| 2 Grant Program: Primary Care Clinic Grant Program SFY2009 | | | | | | | | | | |
| <input checked="" type="checkbox"/> Application Budget Submission Date <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> <input type="checkbox"/> Final Budget (use only after award is announced) | | | | | | | | | | |
| Detailed Budget for Grant Funds SFY2009: July 1, 2008 - June 30, 2009 <div style="background-color: #ffff00; border: 1px solid red; padding: 2px;"> Click here for Budget Instructions </div> Attach Additional Sheet(s) if Necessary | 2009 BUDGET - - PLAN FOR EXPENDITURES | | | | | | | | | |
| EXPENDITURE CLASSIFICATION | Total Salary for Period | Percentage Worked in | | | Local Applicant Share of Expenses | | State Grant Request | | | Total Expense |
| | | Primary Care Clinic Program | Prescription Asst. Program | Dental Program | Actual Expense | Non-Cash Donation: In-Kind Contribution | Primary Care Clinic Program | Prescription Assistance Program | Dental Program | |
| 3 Personnel | | | | | | | | | | |
| Clinical Personnel and FTE (list each health professional position funded by or used as match for these programs) | | | | | | | | | | |
| | | | | | | | | | | 0.00 |
| | | | | | | | | | | 0.00 |
| | | | | | | | | | | 0.00 |
| | | | | | | | | | | 0.00 |
| | | | | | | | | | | 0.00 |
| | | | | | | | | | | 0.00 |
| | | | | | | | | | | 0.00 |
| Clerical | | | | | | | | | | 0.00 |
| | | | | | | | | | | 0.00 |
| | | | | | | | | | | 0.00 |
| | | | | | | | | | | 0.00 |
| | | | | | | | | | | 0.00 |
| Administrative | | | | | | | | | | 0.00 |
| | | | | | | | | | | 0.00 |
| | | | | | | | | | | 0.00 |
| | | | | | | | | | | 0.00 |
| FCA (7.66%) | | | | | | | | | | 0.00 |
| Retirement: () | | | | | | | | | | 0.00 |
| Other: () | | | | | | | | | | 0.00 |
| 4 Contract Personnel (list each health professional position) | | | | | | | | | | |
| | | | | | | | | | | 0.00 |
| | | | | | | | | | | 0.00 |
| | | | | | | | | | | 0.00 |
| PERSONNEL CATEGORY TOTAL | | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

| EXPENDITURE CLASSIFICATION | Local Applicant Share of Expenses | | State Grant Request | | | Total Expense |
|---|-----------------------------------|---|---|---------------------------------|----------------|--------------------------|
| | Actual Expense | Non-Cash Donation: In-Kind Contribution | Primary Care Clinic Program | Prescription Assistance Program | Dental Program | |
| 5 Health Services | | | | | | 0.00 |
| | | | | | | 0.00 |
| | | | | | | 0.00 |
| | | | | | | 0.00 |
| HEALTH SERVICES CATEGORY TOTAL | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 6 Travel | | | | | | 0.00 |
| | | | | | | 0.00 |
| | | | | | | 0.00 |
| | | | | | | 0.00 |
| TRAVEL CATEGORY TOTAL | 0.00 | 0.00 | 0.00 | | | 0.00 |
| 7 Supplies (including prescription drugs purchased or donated) | | | | | | 0.00 |
| Pharmaceuticals | | | | | | 0.00 |
| Laboratory Materials | | | | | | 0.00 |
| Other Medical Supplies | | | | | | 0.00 |
| Office/Clerical Supplies | | | | | | 0.00 |
| SUPPLY CATEGORY TOTAL | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 8 Capital Equipment: (Consult with program officials and avoid expenditure, if possible) | | | | | | |
| | | | | | | 0.00 |
| | | | | | | 0.00 |
| CAPITAL EQUIPMENT CATEGORY TOTAL | 0.00 | 0.00 | 0.00 | | | 0.00 |
| 9 Other Direct expenses (ITEMIZE) | | | | | | 0.00 |
| Only for CHC/FQHC 340B to support for discounts: Click for Instructions | | | | | | 0.00 |
| Estimate # of Scripts <input type="text"/> up to \$4.00 /prescription | | | | | | 0.00 |
| | | | | | | 0.00 |
| DIRECT EXPENSE CATEGORY TOTAL | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 10 TOTAL EXPENDITURES BUDGET | Local Applicant Share of Expenses | | State Grant Request | | | Total Expenditure Budget |
| | Actual Expense | Non-Cash Donation: In-Kind Contribution | Primary Care Clinic Program | Prescription Assistance Program | Dental Program | |
| | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Comments: | | | Mail to: | | | |
| KDHE USE ONLY: Audited by: _____ | | | Kevin Shaughnessy, Accountant | | | 0.00 |
| | | | KDHE Internal Management/Accounting Services | | | |
| | | | 1000 SW Jackson, Ste. 570 | | | |
| | | | Topeka, KS 66612-1368 | | | |
| | | | Phone: (785) 296-1507 | | | |
| | | | Email: KShaughn@kdhe.state.ks.us | | | |

BUDGET FORM INSTRUCTIONS: PRIMARY CARE CLINICS (PCC), PRESCRIPTION DRUG ASSISTANCE (PDA) AND DENTAL HUB (DH)

The budget is the plan to finance objectives of the primary care clinic or health center program for the coming year. Three columns are provided for clinics requesting PCC, PDA & Dental Program funding.

[Return to Budget Form](#)

- 1 Print or type the name of the organization receiving the grant award. Include phone number for fiscal contact.
- 2 Mark Application or Final Budget. The Final Budget is required after the award is granted. This form is to be used for the Community-Based Primary Care Clinic, Prescription Drug Assistance and Dental Program grant applications. The form is available in an Excel spreadsheet file with fields that will calculate subtotals and totals. The file may be renamed and saved then printed and signed for submission.
- 3 **Personnel:** Categorize personnel according to category (e.g. Health professional/clinical staff, clerical, administrative). Health professional/clinical staff includes physicians, all nursing personnel (R.N., LPN, nursing assistants), nurse practitioners, physician assistants, dentists, dental hygienists, pharmacists, pharmacy assistants, psychologists, clinical social workers, and optometrists. Each employee position should be listed separately by title ([followed by FTE in parentheses](#)) and percent worked by program area (primary care, prescription assistance, and dental). Allocate the salary paid from local agency share and/or State Grant in the appropriate columns. Only regularly assigned personnel should be included in the category personnel. Include expenses of payroll taxes and employer-paid benefits. The value of volunteer time may be used as local match.
- 4 **Contract Personnel:** Contract Personnel may include physicians, dentists, RDH, nurses, and PAs, ARNPs who provide primary care services by special arrangement or contract. The full time equivalency (FTE) of the appropriate revenue source must be listed in the appropriate columns.
- 5 **Health Services:** This category includes services only, not personnel. Each contracted service must be listed separately (laboratory, pharmacy, radiology, hearing, vision, mental health). Cost related to the contracted cost of the service for which the agency has contracted. For example, the cost to report for donated (non-cash) laboratory services should be an amount agreed upon as the market value for those services.
- 6 **Travel:** Include in-state travel to primary care meetings, prescription drug software training and workshops in either of these categories. Do not include salary expense.
- 7 **Supplies:** Categorize expendable supplies according to type-- Pharmaceuticals including prescription medications purchased or dispensed from the clinic site (local match may include retail price/value for donated sample medications); Laboratory Supplies; Other Medical Supplies: patient education materials, and clinical supplies directly related to patient services, e.g. drapes, needles); and Office Supplies (supplies for other clerical, financial, administrative and other operational supplies).
- 8 **Capital Equipment:** If possible, avoid budgeting for capital equipment or show it financed through the Local Applicant's share column. Capital Equipment is defined as items costing \$500 or more and having a useful life greater than one year. Not more than 10% of the grant funds requested can be used for capital equipment. Each capital item to be purchased with grant funds must be listed separately.
Foundation support for capital expenditures may be shown to provide required local match.
- 9 **Itemize other direct costs. 340B programs may request up to \$4.00 for each prescription to support discounts** for eligible patients. Include the estimated number of prescriptions to qualifying patients and the total cost of the discounts.
- 10 **Total Budgeted Expenses**

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KDHE Primary Care Clinic Grant Program: Affidavit of Expenditures SFY2009

 Report Attachment #3
(revised 12/28/07)

| | | | | | | | |
|--|--|--|---|--|---------------------------------|----------------|---|
| 1 | Local Agency Identification: Fiscal contact phone number on line below _____ | QUARTERLY REPORT SCHEDULE: | | | | | KDHE Use: Click for Instructions |
| | | Period | | Deadline | | | |
| | | <input type="checkbox"/> 1st Quarter : 7/1 to 9/30 <input type="checkbox"/> 2nd Quarter : 10/1 to 12/31 <input type="checkbox"/> 3rd Quarter : 1/1 to 3/31 <input type="checkbox"/> 4th Quarter : 4/1 to 6/30 | Report Due 10/15/2008 Report Due 1/15/2009 Report Due 4/15/2009 Report Due 7/15/2009 | | | | |
| 2 Grant Program: Community Based Primary Care Clinics, Dental Hubs & Prescription Drug Assistance | | | | | | | |
| EXPENDITURE CLASSIFICATION | | Local Applicant Share of Expenses | | State Grant Expense | | | Total Expense |
| | | Actual Expense | Non-Cash Donation: In-Kind Contribution | Primary Care Clinic Program | Prescription Assistance Program | Dental Program | |
| 3 Personnel | | | | | | | |
| Clinical Personnel (list each health professional position funded by or used as match for these programs) | | | | automatic calculations in the fields below | | | |
| | | | | | | | 0.00 |
| | | | | | | | 0.00 |
| | | | | | | | 0.00 |
| | | | | | | | 0.00 |
| | | | | | | | 0.00 |
| | | | | | | | 0.00 |
| | | | | | | | 0.00 |
| | | | | | | | 0.00 |
| Clerical | | | | | | | 0.00 |
| | | | | | | | 0.00 |
| | | | | | | | 0.00 |
| | | | | | | | 0.00 |
| | | | | | | | 0.00 |
| Administrative | | | | | | | 0.00 |
| | | | | | | | 0.00 |
| | | | | | | | 0.00 |
| FICA (7.65%) | | | | | | | 0.00 |
| Retirement: | | | | | | | 0.00 |
| Other: (list) | | | | | | | 0.00 |
| 4 Contract Personnel (list each health professional position) | | | | | | | |
| | | | | | | | 0.00 |
| | | | | | | | 0.00 |
| | | | | | | | 0.00 |
| | | | | | | | 0.00 |
| | | | | | | | 0.00 |
| | | | | | | | 0.00 |
| PERSONNEL CATEGORY TOTAL | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

| EXPENDITURE CLASSIFICATION | | Local Applicant Share of Expenses | | State Grant Expense | | | Total Expense |
|----------------------------|--|--|---|---|---------------------------------|----------------|---|
| | | Actual Expense | Non-Cash Donation: In-Kind Contribution | Primary Care Clinic Program | Prescription Assistance Program | Dental Program | |
| 5 | Health Services | | | | | | 0.00 |
| | | | | | | | 0.00 |
| | | | | | | | 0.00 |
| | | | | | | | 0.00 |
| | HEALTH SERVICES CATEGORY TOTAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 6 | Travel | | | | | | 0.00 |
| | | | | | | | 0.00 |
| | | | | | | | 0.00 |
| | | | | | | | 0.00 |
| | TRAVEL CATEGORY TOTAL | 0.00 | 0.00 | 0.00 | | | 0.00 |
| 7 | Supplies (including prescription drugs purchased or donated) | | | | | | 0.00 |
| | Pharmaceuticals | | | | 0.00 | 0.00 | 0.00 |
| | Laboratory Materials | | | | | | 0.00 |
| | Other Medical Supplies | | | | | | 0.00 |
| | Office/Clerical Supplies | | | | | | 0.00 |
| | SUPPLY CATEGORY TOTAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 8 | Capital Equipment: (Consult with program officials and avoid expenditure, if possible) | | | | | | |
| | | | | | | | 0.00 |
| | | | | | | | 0.00 |
| | | | | | | | 0.00 |
| | CAPITAL EQUIPMENT CATEGORY TOTAL | 0.00 | 0.00 | | | | 0.00 |
| 9 | Other Direct expenses (ITEMIZE) | | | | | | |
| | | | | | | | 0.00 |
| | | | | | | | 0.00 |
| | This section only for CHC/FQHC 340B to support for discounts: Enter # of prescriptions on the line below _____ | Click for Instructions | | | | | |
| | | | | | | | 0.00 |
| | OTHER DIRECT EXPENSE CATEGORY TOTAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 10 | TOTAL QUARTERLY EXPENDITURES | Local Applicant Share of Expenses | | State Grant Expense | | | Total Expenditure |
| | | Actual Expense | Non-Cash Donation: In-Kind Contribution | Primary Care Clinic Program | Prescription Assistance Program | Dental Program | |
| | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11 | By (electronic) submission, the local agency administrator below certifies that this report is in agreement with the agency official accounting records and that individual employee time reports are maintained documenting time charged to this program. | | | Mail to: Kevin Shaughnessy, Accountant KDHE Internal Management/Accounting Services 1000 SW Jackson, Ste. 570 Topeka, KS 66612-1368 Phone: (785) 296-1507 Fax: (785) 296-8465 KShaughn@kdhe.state.ks.us | | | KDHE USE ONLY: Audited by: _____ |
| | Submitted by: _____ | | Date: _____ | | | | |

Financial Reporting Form Instructions : Primary Care Clinic (PCC), Prescription Drug Assistance (PDA) and Dental Program (DP) Grants.

Three columns are provided for clinics reporting PCC, PDA and DP funding.

- 1 Print or type the name of the organization receiving the grant award.
Mark the reporting period.
Include phone number for fiscal contact person.

Unprotected worksheet. You may edit and add lines. Adjust formula for calculation if lines are added

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NOTE: Prescription drug assistance or dental program grant funds may not be used for categories with shaded areas. However, local funds or in-kind-contributions may be listed as match for any of the three funds in all categories.

- 2 The Quarterly Affidavit of Expenditures is used for all Primary Care Clinic Grant funds including Prescription Drug Assistance and Dental Program grants.

If you are using this from the KDHE website, the protected Excel spreadsheet file has fields that will calculate subtotals and totals. The file may be renamed and saved then printed (landscape view) and signed for submission. The form may also be printed and completed by hand if necessary.

- 3 Personnel: Categorize personnel according to category (e.g. Health professional/clinical staff, clerical, administrative). Health professional/clinical staff includes physicians, all nursing personnel (R.N., LPN, nursing assistants), nurse practitioners, physician assistants, dentists, dental hygienists, pharmacists, pharmacy assistants, psychologists, clinical social workers, and optometrists. Each employee position should be listed separately by title and percent of time worked for each of the three program areas, if applicable. Allocate the salary amounts to be paid from local agency share and/or from one or both State Grants in the appropriate columns. Only regularly assigned personnel should be included in the category personnel. Include summarized expenses of payroll taxes and employer-paid benefits. The value of volunteer time may be reported as local match.
 - 4 Contract Personnel: Contract Personnel may include physicians, dentists, nurses, and PAs, ARNPs who provide primary care services by special arrangement or contract. The full time equivalency (FTE) of the contracted person should be shown in the column marked "% time worked in program". Dollar amounts from the appropriate revenue source must be listed in the appropriate columns.
 - 5 Health Services: This category includes services only, not personnel. Each contracted service must be listed separately (laboratory, pharmacy, radiology, hearing, vision, mental health). Cost related to the contracted service may not be more than the fair market value. The local applicants share may not be more than the actual cost of the service for which the agency has contracted. For example, the cost to report for donated (non-cash) laboratory services should be an amount agreed upon as the market value for those services.
 - 6 Travel: Include in-state travel to primary care meetings, prescription drug software training and workshops in either of these categories. Do not include salary expense.
 - 7 Supplies: Categorize expendable supplies according to type-- Pharmaceuticals including prescription medications purchased or dispensed from the clinic site (local match may include retail price/value for donated sample medications); Laboratory Supplies; Other Medical Supplies: patient education materials, and clinical supplies directly related to patient services, e.g. drapes, needles); and Office Supplies (supplies for other clerical, financial, administrative and other operational supplies).
 - 8 Capital Equipment: If possible, avoid budgeting for capital equipment or show it financed through the Local Applicant's share column. Capital Equipment is defined as items costing \$500 or more and having a useful life greater than one year. Not more than 10% of the grant funds requested can be used for capital equipment. Each capital item to be purchased with grant funds must be listed separately.
 - 9 Other Direct Expenses: Itemize other direct costs. **340B programs may request up to \$4.00 for each prescription** to support discounts for eligible patients. Include the actual number of prescriptions to qualifying patients and the total cost of the discounts.
- Indirect Cost may only be included if KDHE has received and authorized of a cost proposal. Indirect costs or contributions are acceptable only as part of the local match, but the agency must submit an annual indirect cost proposal which meets KDHE requirements. Items included in the indirect cost computation cannot be included as direct cost items. Indirect costs may include rent, utilities, general administration, accounting, etc.
- 10 Total Budgeted Expenses. NOTE: The total local applicant share must equal or exceed the total of funds requested in the two programs.
 - 11 Obtain signatures. The file may be renamed and saved. The landscape view of the form may be printed.

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